

JUN 23 2006 1:55PM

MEHRMAN LAW OFFICE

No.1268 P. 2/3

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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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<u>Zilla Higgs</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>6-23-2006</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/649,294	08/26/2003	Christopher T. Maus	4L01.1-065	5468

TITLE OF INVENTION: HEALTH MONITORING AND DIAGNOSTIC DEVICE AND NETWORK-BASED HEALTH ASSESSMENT AND MEDICAL RECORDS MAINTENANCE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/05/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SIEFKE, SAMUEL P	1743	422-068100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys, agents or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Michael J. Mehrman
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 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lifestream Technologies Inc.

Post Falls, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ Payment by credit card. Form PTO-2038 is attached.
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

[Signature]
 Typed or printed name Michael J. Mehrman

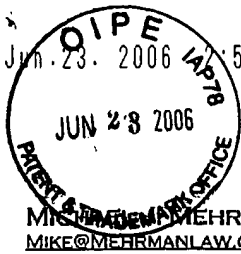
Date

JUNE 23, 2006

Registration No. 40,086

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No.1268 P. 1/3

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PATENT, COPYRIGHT, TRADEMARK, TRADE SECRET AND RELATED LITIGATION

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FAX

To: Mail Stop Issue Fee

United States Patent and Trademark Office

Fax: (571) 273-2885

Phone:

From: Zilla Higgs for

Michael J. Mehrman, Esq.

Pages: 3 including cover

Date: June 23, 2006

Re: Non-Provisional Patent Application for the invention

**Health Monitoring and Diagnostic Device and Network-Based
Health Assessment and Medical Records Maintenance System**

Serial No.: 10/ 649,294

Our Ref. No.: 4L01.1-065

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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